United Nations S/PV.4087

Security Council

Fifty-fifth Year

Provisional

4087th Meeting

Monday, 10 January 2000, 10 a.m.

New York

President:	Mr. Gore	(United States of America)
Members:	Argentina	Mr. Listre
	Bangladesh	Mr. Chowdhury
	Canada	Mr. Duval
	China	Mr. Qin Huasun
	France	Mr. Dejammet
	Jamaica	Miss Durrant
	Malaysia	Mr. Hasmy
	Mali	Mr. Ouane
	Namibia	Dr. Amathila
	Netherlands	Mr. van Walsum
	Russian Federation	Mr. Gatilov
	Tunisia	Mr. Mustapha
	Ukraine	Mr. Yel'chenko
	United Kingdom of Great Britain and Northern Ireland	Sir Jeremy Greenstock

Agenda

The situation in Africa

The impact of AIDS on peace and security in Africa

00-23451 (E)

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The meeting was called to order at 10.30 a.m.

Adoption of the agenda

The agenda was adopted.

The situation in Africa

The impact of AIDS on peace and security in Africa

The President: I should like to inform the Council that I have received letters from the representatives of Algeria, Australia, Brazil, Bulgaria, Cape Verde, Croatia, Cuba, Cyprus, the Democratic Republic of the Congo, Djibouti, Ethiopia, Indonesia, Italy, Japan, the Libyan Arab Jamahiriya, Mongolia, New Zealand, Nigeria, Norway, Portugal, the Republic of Korea, Senegal, South Africa, Uganda, Zambia and Zimbabwe, in which they request to be invited to participate in the discussion of the item on the Council's agenda. In accordance with the usual practice, I propose, with the consent of the Council, to invite those representatives to participate in the discussion without the right to vote, in accordance with the relevant provisions of the Charter and rule 37 of the Council's provisional rules of procedure.

There being no objection, it is so decided.

At the invitation of the President, Mr. Baali (Algeria), Ms. Wensley (Australia), Mr. Fonseca (Brazil), Mr. Sotirov (Bulgaria), Mr. Leao Monteiro (Cape Verde), Mr. Šimonović (Croatia), Mr. Rodríguez Parrilla (Cuba), Mr. Zackheos (Cyprus), Mr. Ileka (Democratic Republic of the Congo), Mr. Olhaye (Djibouti), Mr. Mohammed (Ethiopia), Mr. Wibisono (Indonesia), Mr. Vento (Italy), Mr. Satoh (Japan), Mr. Dorda (Libyan Arab Jamahiriya), Mr. Enkhsaikhan (Mongolia), Mr. Powles (New Zealand), Mr. Mbanefo (Nigeria), Mr. Honningstad (Norway), Mr. Brito (Portugal), Mr. Lee See-young (Republic of Korea), Mr. Ka (Senegal), Mr. Kumalo (South Africa), Dr. Kiyonga (Uganda), Mr. Kasanda (Zambia) and Dr. Stamps (Zimbabwe) took the seats reserved for them at the side of the Council Chamber.

The President: In accordance with the understanding reached in the Council's prior consultations, and in the absence of objection, I shall take it that the Security Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Mr. James Wolfensohn, President of the World Bank; Mr. Mark Malloch Brown, Administrator of the United Nations Development Programme; and Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

There being no objection, it is so decided.

I welcome Mr. Wolfensohn, Mr. Malloch Brown and Dr. Piot, and invite them to take a seat at the Council table.

Let me thank the members of the Council for the honour of presiding over it, and for their willingness to greet the dawn of this new millennium by exploring a brand-new definition of world security. Today marks the first time, after more than 4,000 meetings stretching back over more than half a century, that the Security Council will discuss a health issue as a security threat. We tend to think of a threat to security in terms of war and peace. Yet no one can doubt that the havoc wreaked and the toll exacted by HIV/AIDS do threaten our security. The heart of the security agenda is protecting lives, and we now know that the number of people who will die of AIDS in the first decade of the twenty-first century will rival the number that died in all of the wars in all of the decades of the twentieth century.

When 10 people in sub-Saharan Africa are infected every minute; when 11 million children have already become AIDS orphans, and many must be raised by other children; when a single disease threatens everything from economic strength to peacekeeping, we clearly face a security threat of the greatest magnitude. This historic meeting not only recognizes the real and present danger to world security posed by the AIDS pandemic — which I will discuss in further detail during my remarks as head of the United States delegation — but also begins a month-long focus by this Council on the special challenges confronting the continent of Africa.

The powerful fact that we begin here today by concentrating on AIDS has a still larger significance: it sets a precedent for Security Council concern and action on a broader security agenda. By the power of example, this meeting demands of us that we see security through a new and wider prism and, forever after, think about it according to a new and more expansive definition.

For the past half century, the Security Council has dealt with the classic security agenda built upon common efforts to resist aggression and to stop armed conflict. We have witnessed wars among nations, and violence on the scale of war within nations, for many reasons:

because of claims of religious or racial superiority; because of lust for power, disguised as ideology or rationalized as geo-strategic doctrine; because of a sense that a small place or a larger region, or even the whole world itself, was too small to allow for the survival and prosperity of all, unless the powerful could dominate the weak; because of the tendency of too many to see themselves solely as separate groups, celebrating and defending their exclusivity by demonizing and dehumanizing others; and because of poverty, which causes the collapse of hopes and expectations and the coming apart of society, and makes people first desperate, and then freshly open to evil leadership.

But while the old threats still face our global community, there are new things under the sun — new forces arising that now, or soon will, challenge international order, raising issues of peace and war. As our world enters the year 2000, it is not the change in our calendar that matters. What matters is that in this symbolic transition from old to new, we find one of those precious few moments in all of human history when we have a chance to become the change we wish to see in the world, by seeking a common agreement to openly recognize a powerful new truth that has been growing just beneath the surface of every human heart. It is time to change the nature of the way we live together on this planet.

From this new vantage point, we must forge and follow a new agenda for world security, an agenda that includes the global environmental challenge, which could render all our other progress meaningless unless we deal with it successfully; the global challenge of defeating drugs and corruption, which now spill across our borders; the global challenge of terror, magnified by the availability of new weapons of mass destruction so small they can be concealed in a coat pocket; the new pandemics laying waste to whole societies; and the emergence of new strains of old diseases that are horrifyingly resistant to the antibiotics that protected the past three generations.

Our new security agenda should be pursued with determination, adequate resources and creative use of the new tools at the world's disposal that can be used to bring us together in successful common efforts — tools such as the Internet and the emerging global information infrastructure which, if used imaginatively, will enable new depths of insight and cooperation by nations, non-governmental organizations and citizens at all levels. Our task is not merely to recognize and confront these challenges, but to rise to our higher ideals and work together to make our brightest dreams real in the lives of our children.

In order to succeed, I believe — along with growing billions around this planet — that we must create a world where people's faith in their own capacity for self-governance unlocks their human potential and justifies their growing belief that all can share in an ever-widening circle of human dignity and self-sufficiency; a world of freedom and free markets; a world where the free flow of ideas and information, and freer access to education, sustain fundamental freedoms; a world in which parents are free to choose the size of their families with the confidence that the children they bring into this world will survive to become healthy adults, with economic opportunity in prosperous and peaceful communities; a world where we educate girls as well as boys and secure the rights of women everywhere as full members of the human family.

All this and more constitutes the great global challenge of our time: to create and strengthen a sense of solidarity as we seek a newer world of security for all — security not only from loss of life and the ravages of war, but security from constant fear and degradation, and from a loss of the quality of life and liberty of spirit that should belong to all.

If we are to succeed in addressing this new security agenda, we must recognize that because of our rapid growth in population and the historically unprecedented power of the new technologies at our widespread disposal, mistakes which once were tolerable can now have consequences that are multiplied manyfold. For example, for almost all of recorded history, people could do whatever they wished to their environment, and do little to harm it permanently. People could wage war in the world, and do nothing to destroy it. But now, threats that were once local can have consequences that are regional or global; damage once temporary can now become chronic and catastrophic.

As a world community, we must prove to our citizens that we are wise enough to control what we have been smart enough to create. We must understand that the old conception of global security — with its focus almost exclusively on armies, ideologies and geopolitics — has to be enlarged. We need to show that we not only can contain aggression, prevent war and mediate conflicts, but that we can also work together to anticipate and respond to a new century, with its new global imperatives.

The human mind — our ingenuity, our dreaming, our restless quest to do better — created this moment. Now the human heart, coupled with the human will — not of one individual, not of one nation or group of nations, but the collective will of truly united nations — must master this moment. We must bend it in the direction of life, not death; justice, not oppression; opportunity, not deprivation — a new security for the new world we now inhabit. The future is not something that we merely try to predict. The future is something that we make for ourselves, together. It is up to us to move forward — with faith in our principles, our foresight and our common humanity.

The Spanish poet Antonio Machado once said,

> "Pathwalker, there is no path; we create the path as we walk".

There is great hope in this pathmaking meeting. It is an honour to open it. And my hope is that the first days and years of the millennium, and all those that follow, will be guided by the vision that marks this first meeting. We live in a new tine. We face new and larger responsibilities. Meet them we can, and meet them we must — for the new threats to humanity are as grave as war itself, and the new hopes we have are as precious as peace.

The Security Council will now begin its consideration of the item on its agenda. The Council is meeting in accordance with the understanding reached in its prior consultations.

It is my personal honour to call on the Secretary-General of the United Nations, who has given so much to the cause of peace and security, Mr. Kofi Annan.

The Secretary-General: Thank you, Mr. Vice-President; or perhaps I should say Mr. President — of the Security Council.

The President: I am working on it!

The Secretary-General: Let me thank you, Mr. President, for your thoughtful statement. Your presence here today is a promising start indeed to the New Year and welcome evidence of your country's commitment to the United Nations.

As we open this new millennium, many of us have much to be thankful for. Most of the world is at peace. Most of us are better educated than our parents or grandparents. We can expect to live longer lives, with greater freedom and a wider range of choices. But we also face new challenges, or old ones in new and alarming forms. For instance, environmental degradation, ethnic conflicts, bad or inadequate governance, widespread violations of human rights, illiteracy and ill health, the growing problem of inequality both within and between nations, and, above all, the exclusion of too many of the world's people from the benefits of globalization, whereby nearly half the human race is condemned to remain in lingering, stubborn poverty.

No part of the world is exempt from these problems. But Africa, it seems, has more than its share. Of the 48 least developed countries in the world today, 33 are in Africa. Out of two dozen or more conflicts raging around the world, roughly half are in Africa. Fifteen sub-Saharan African countries are currently faced with exceptional food emergencies. In the Democratic Republic of the Congo alone, the food supplies of 10 million people are threatened by civil strife. And out of 11 million orphans left so far by the global AIDS epidemic, 90 per cent are African children.

Those figures speak for themselves. They amply justify your country's decision to make this first month of a new era a month of Africa in the Security Council, just as the Organization of African Unity has declared this year the Year of Peace, Security and Solidarity in Africa. It is good that Africans are taking the lead, because the inspiration for genuine and viable peace must spring from within the peoples that are in conflict, and especially from their leaders.

Many parts of the continent are making impressive progress. There is no need to give way to Afro-pessimism. On the contrary, there could be no better moment for the international community to rally to Africa's support. And within its month of Africa, it is entirely appropriate that the Council should be devoting its first session to the problem of AIDS. Some may say that such a topic should be left to other United Nations bodies. I believe, however, that the Council would not do itself justice if it held a month of Africa without discussing what Ambassador Holbrooke has called the number one problem facing Africa today.

Not that AIDS is a purely African problem. There are many countries outside Africa, especially in Asia and Eastern Europe, where it is spreading at an alarming rate. But nowhere else has AIDS yet become a threat to economic, social and political stability on the scale that

it now is in southern and eastern Africa. The impact of AIDS in that region is no less destructive than that of warfare itself. Indeed, by some measures it is far worse. Last year, AIDS killed about 10 times more people in Africa than did armed conflict.

By overwhelming the continent's health services, by creating millions of orphans and by decimating health workers and teachers, AIDS is causing social and economic crises, which in turn threaten political stability. It also threatens good governance through high death rates among the elites, both public and private.

In already unstable societies, this cocktail of disasters is a sure recipe for more conflict, and conflict in turn provides fertile ground for further infections. The breakdown of health and education services, the obstruction of humanitarian assistance, the displacement of whole populations: all these ensure that the epidemic spreads further and faster on the continent.

In short, HIV/AIDS is not only an African problem. It is global and must be recognized as such. But within that international obligation the fight against AIDS in Africa is an immediate priority which must be part and parcel of our work for peace and security in that continent.

As most African Governments have now understood, the first battle to be won in the war against AIDS is the battle to smash the wall of silence and stigma surrounding it.

A month ago, here at United Nations Headquarters, we held the first high-level meeting of African Governments and United Nations agencies directly involved in the fight against AIDS, along with donor Governments, private corporations and non-governmental organizations. I called on them to formulate, by next May, a response commensurate with the scale of the crisis, and I spelled out the specific responsibility of each partner in the struggle.

It now gives me great pleasure to welcome this Council as an additional partner. Its role, I suggest, must be to prevent conflict from contributing to the spread of AIDS and from impeding the efforts that other partners are making to control it.

Later in this meeting the Council will be hearing more about the economic and social as well as the more strictly health-related aspects of the epidemic from my colleagues Mr. Jim Wolfensohn, Mr. Malloch Brown and Peter Piot. I believe their contributions — alongside your own, Mr. President, and those of other Members — will help make it clear to the whole world that the United Nations system, in all its parts, is giving Africa's problems the attention they need and which Africans deserve.

The President: I thank the Secretary-General for his statement and for the kind words he addressed to me.

I shall now make a statement in my capacity as the representative of the United States.

I would like to begin with these words: HIV/AIDS is not someone else's problem. It is my problem; it is your problem. By allowing it to spread, we face the danger that our youth will not reach adulthood. Their education will be wasted, the economy will shrink, there will be a large number of sick people whom the health system will not be able to maintain.

These are not my words. They were not uttered in the United States or the United Nations. They were spoken by my friend President Thabo Mbeki of South Africa as he declared South Africa's partnership against AIDS more than a year ago. The same words should be spoken out not only in South Africa, not only in Africa, but all across the earth. In Africa the scale of the crisis may be greater, the infrastructure weaker and the people poorer, but the threat is real for every people and every nation, everywhere on Earth.

No border can keep AIDS out. It cuts across all the lines that divide us. We owe ourselves and each other the utmost commitment to act against AIDS on a global scale, and especially where the scourge is greatest. AIDS is a global aggressor that must be defeated.

As we enter this new millennium, Africa has entered the first frontier of momentous progress. Over the past decade a rising wave of African nations has moved from dictatorship to democracy, embraced economic reform, opened markets, privatized enterprises, stabilized currency. More than half the nations of Africa now elect their own leaders — nearly four times the number 10 years ago. Economic growth in sub-Saharan Africa has tripled, creating prospects for a higher quality of life across the continent.

Tragically, this historic progress is imperiled just as it is taking hold — imperiled by the spread of AIDS, which now grips 20 million Africans. Fourteen million have already died, one quarter of them children. Each day in Africa 11,000 more men, women and children

become HIV-positive, more than half of them under the age of 25.

For the nations of sub-Saharan Africa, AIDS is not just a humanitarian crisis. It is a security crisis, because it threatens not only individual citizens but the institutions that define and defend the character of a society. This disease weakens workforces and saps economic strength. AIDS strikes at teachers and denies education to their students. It strikes at the military and subverts the forces of order and peacekeeping.

The United States is profoundly moved by the toll AIDS is now taking in Africa. At the same time, we know that our own country has not achieved as much as we should or must in our own battle against AIDS. I am pleased that our Surgeon General, Dr. David Satcher, is here with me today. His recent report tells us that we have not overcome the ignorance and indifference that lead to infection. We must continue to study the success of others while we seek to share with others whatever progress we have made.

As Vice-President, I have journeyed four times to sub-Saharan Africa. I asked Dr. Satcher to accompany me on one such trip. I have taken along top health officials, AIDS specialists, corporate leaders and physicians. We have spent long hours with African leaders, heard their ideas and discussed their difficulties with the fateful crisis of AIDS. It is inspiring to see so many in Africa — not only leaders but health-care workers and community workers, mothers and fathers and countless ordinary citizens — fighting to save the lives of the people they love.

Ten years ago, Uganda was suffering the world's highest infection rate. Today, because the whole nation has mobilized to end stigma, urge prevention and change behaviour, Uganda is now recording dramatic drops in the infection rate. Uganda, which used to be proof of the problem, is now powerful proof that we can turn the tide against AIDS.

We know that the first line of defence against this disease is prevention, and prevention depends on breaking down the barriers against discussing the extent and risks of AIDS. That is one purpose of this historic Security Council meeting. Today, in sight of all the world, we are putting the AIDS crisis at the top of the world's security agenda. We must talk about AIDS not in whispers, not in private meetings alone, in tones of secrecy and shame. We must face the threat as we are facing it right here, in one of the great forums of this earth, openly and boldly, with urgency and compassion. Until we end the stigma of AIDS, we will never end the disease of AIDS. Let us begin by resolving to end the stigma associated with AIDS.

We also must do much more to provide basic care and treatment to the growing number of people who, thank God, are living instead of dying with HIV and AIDS. This requires affordable medicine, but also more than medicine. It requires that we train doctors, nurses and home-care workers, that we develop clinics and community-based organizations to deliver care to those who need it.

Today fewer than 5 per cent of those living with AIDS in Africa have access to even basic care. We know we can prolong life, reduce suffering and allow mothers with AIDS to live longer with their children if we offer treatment for opportunistic infections such as tuberculosis and malaria.

Our ultimate goal, our best hope, is to prevent AIDS by vaccination, and we are committed to the maximum possible research. But we need to do more to harness the talent and the power of the private sector.

In September, in his speech to the General Assembly, President Clinton said it was wrong that only 2 per cent of all biomedical research was directed to the major killer diseases in the developing world. He pledged America to a new effort to speed the development and delivery of vaccines for AIDS, malaria, tuberculosis and other illnesses that disproportionately afflict the poorest nations. This three-part strategy of prevention, treatment and research is the right fight, and the United States has contributed more than $1 billion to wage it worldwide, more than half of that for sub-Saharan Africa. But we must do more.

Last year I announced the largest ever increase in the United States commitment to international AIDS programmes: $100 million to fight AIDS in Africa, India, Eastern Europe and other areas. Today I announce America's decision to step up the battle. The budget the Clinton-Gore Administration will send to our Congress next month will include an additional increase of another $100 million, for a total of $325 million, to fund our worldwide fight against AIDS. This new funding will include efforts to reduce the stigma and prevent the spread of AIDS, to reduce mother-to-child transmission, to support home and community-based care for people

with AIDS, to provide care for children orphaned by AIDS and to strengthen health infrastructures to prevent and treat AIDS.

I would also like to announce here this morning that the budget we will send to our Congress next month will include $50 million for the United States contribution to the vaccine fund of the Global Alliance for Vaccines and Immunizations. This contribution, in fulfilment of the promise President Clinton made to the General Assembly, will help fund the research, purchase and distribution of life-saving vaccines in developing nations.

I am also announcing today an initiative for an expanded public-private partnership in the battle against AIDS. Indeed, in the coming months I will convene a meeting of United States business leaders active in Africa to develop a set of voluntary principles for corporate conduct to make the workplace an effective place for the education and prevention of AIDS. Let us also set this goal. Through public and private efforts, in partnership with partner nations, we will attack the cycle of infection at one critical point, its most heartbreaking point: the moment of mother-to-child transmission.

In addition, I announce that our budget request for next year will for the first time ever contain specific funding for the United States military to work with the armed forces of other nations to combat AIDS. Inside our own country, our armed forces have acted effectively to prevent the spread of AIDS in the military. Secretary of Defense Cohen is ready to share our experience with our military counterparts in Africa. He will visit the United Nations during this historic month.

We are also committed to helping poor countries gain access to affordable medicines, including those for HIV/AIDS. Last month the President announced a new approach to ensure that we take public health crises into account when applying United States trade policy. We will cooperate with our trading partners to ensure that United States trade policies do not hinder their efforts to respond to health crises.

But to win the ongoing global battle against AIDS, we must also fight the poverty that speeds its spread. In June in Cologne, we joined with our G-7 partners in the Cologne debt initiative, a landmark commitment to faster and deeper debt relief for the heavily indebted poor countries. We will continue to engage our G-7 partners to bring greater resources to this effort. Today I challenge the world's wealthier, healthier nations to match America's increasing commitment to a worldwide crusade against AIDS.

But more money is not enough. We must also make sure that more money has more impact. Next July the global community will gather in Durban, South Africa, for the thirteenth International AIDS Conference. There are many inspiring efforts to fight AIDS all around the world. But right now they mostly amount to many isolated efforts and not a single focused assault. We must knit together the separate initiatives by local, national, regional and global organizations to take maximum advantage of their synergy and successes. We will work with the organizers of the Durban Conference to advance this essential objective. It is essential because how we spend the money and how effectively we target it, not just how much we spend, will determine how many lives we save.

AIDS is one of the most devastating threats ever to confront the world community. Many have called the battle against it a sacred crusade. The United Nations was created to stop wars. Now we must wage and win a great and peaceful war of our time — the war against AIDS. Let all, here and around the world, who are willing to enlist in this cause hear and heed and take heart from the words of an African poet, Mongane Wally Serote:

> "Remember the passion of our hearts, the blinding ache and pain when we heard the hysterical sobs of our little children crying against fate. We heard these. We knew them. We absorbed them. But we surged forward, knowing that life is a promise and that that promise is us."

That promise is us. We here in this room, representing the billions of people of the world, must become the promise of hope and change. We must become the promise of life itself. We have the knowledge, the compassion and the means to make a difference. We must acknowledge our moral duty and accept our great and grave responsibility to succeed. We must make the promise and keep the promise to prevail against this disease so that when the story of AIDS is told to future generations, it will be a tale not just of human tragedy, but a tale of human triumph. And the moral of that story will be the capacity of the human spirit to summon us in common cause to defeat a common foe and secure the health and hopes of so many of our fellow human beings.

May God bless all who have suffered from this disease and are suffering from it. May God bless the united effort of our United Nations to end it soon and for ever.

I resume my functions as President of the Council, and I am pleased that in this first meeting of the millennium we are joined by one of the world's leaders in the battle against poverty, the President of the World Bank, James Wolfensohn. I give him the floor.

Mr. Wolfensohn: Let me start, Vice-President Gore, by thanking you for your invitation to attend this meeting. I believe it is the first time that a President of the World Bank has ever attended a meeting of this body. It was a dream that I did not think would be realized in my period as President, so I am grateful for that, as I am, indeed, for your putting on the agenda the issue of health and the issue of development, in which you have been so steadfast in your support of our institution.

I am also very grateful to Secretary-General Annan for the leadership that he showed in bringing the World Bank more closely in parallel and in partnership with other institutions of the United Nations, and I am very happy to be here with my colleagues from my the United Nations Development Programme and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

I do not know a lot about the workings of the Security Council. I have images of you ladies and gentlemen meeting at midnight, having very important meetings, using high diplomacy and power politics to solve very important and pressing issues that face us: issues of conflict, issues of chemical weapons, issues of nuclear challenges and issues of security. The funny thing is that in Washington we think that what we do every day in terms of addressing the questions of development are actions which lead to the very same issue of security and peace. We work every day looking at the conditions of our planet and think in terms of the 6 billion people who now inhabit our globe, of the 3 billion people who live on less than $2 per day, of the 1.2 billion that live on less than $1 per day, and we think of the next 25 years, when that 6 billion will grow to 8 billion.

We wonder what sort of a world it will be.

Without being a social scientist or an Ambassador, I know that if people are well fed, have opportunity, are well-governed and have a sense of security for their children, they are less likely to fight and get into problems than if they live in a period where they have no governance, where the sinews of governance do not give them security and where there is little hope.

We are worried about the next 25 years, and I would suggest that this is a subject directly relevant to the deliberations of this Council.

If it is true that poverty eradication and development are the counterpart of security, then nowhere is this more important than in Africa. In sub-Saharan Africa we have 500 million people, of whom more than half live in poverty. It is there, as the Secretary-General commented, the greater part of conflict and wars exist today. These are considerations that this Council has before it. If, therefore, Africa is at the centre of the agenda, which indeed it is this month — and I congratulate Ambassador Holbrooke on this initiative — then surely the question of AIDS comes to the top of the list as an issue which can affect security, development and poverty.

What we are seeing is that in today's world we are rolling back some of the gains that have been made in Africa over the last 40 years. The numbers are very compelling. Under African leadership, we gained more than 20 years in life expectancy. In many countries this gain will be lost by the year 2010. The statistics have already been provided by previous speakers. But just imagine that in Botswana, Namibia, Zambia and Zimbabwe, 25 per cent of the people between 15 and 19 years of age are HIV-positive. Just imagine that in Zambia and Zimbabwe there is a greater chance that a child born today will die of AIDS than will live free of it. These are stunning statistics.

The fact that a third of teenage girls in many African countries are subject to the scourge of AIDS is not something that can lead to a sense of security in a community. In a number of countries, we are losing teachers faster than we can replace them. We are losing judges, lawyers, government officials and military personnel. This problem is more effective than war itself in terms of destabilizing countries. Unless we act, this will continue, and there will surely be continued instability in the continent.

AIDS is not just a health issue. AIDS is not just a development issue. It is also an issue that affects the peace and security of people in the continent of Africa and throughout the world. It is certainly a subject that merits consideration by this body.

The world looks to the Security Council to highlight important issues and looks to the United Nations to give leadership. In order to solve these global problems, we need to bring together not just the United Nations, but also the private sector, civil society, the faiths, organizations such as ours and regional institutions. The focus on the priorities can be given by this body.

I am honoured to be here, but in coming I want to assure you, Mr. President, that we look forward to a partnership with the United Nations and recognition by this Council. Your successors, who will be dealing with issues of security, are going to be looking at the causes. I tell you this: poverty and development are the root cause of most of the conflicts, and it is essential for this body to take action in anticipation of a world that, without such action, will be a world in conflict.

I look forward to working with the Council in the months and years ahead on this issue of AIDS in Africa and on the general issue of poverty and development.

The President: Our next two speakers will be the Administrator of the United Nations Development Programme, Mr. Mark Malloch Brown, and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Peter Piot. Their statements will be of great importance. I urge those joining us here to stay and absorb the impact of their words.

It is my intention, before they speak, with the concurrence of Council members, to suspend the meeting for a few minutes. When the meeting reconvenes, I shall turn the gavel of the President of the Security Council over to Ambassador Holbrooke.

I would like to note the presence of three Ministers of Health who are here with us today from Namibia, Uganda and Zimbabwe. We have much to learn from these ministers, and we are all grateful for their attendance.

I would also like to note, before the recess, that in the United States of America, the work of Senators Jesse Helms and Joseph Biden — and a strong majority from both of our major political parties — has expressed fresh support not only for the United States being a vigorous member of this body but also for the efforts of this body in every way, shape and form.

Indeed, it has been a great honour to preside over the beginning of this meeting. Now, with the concurrence of Council members, I suspend the meeting.

The meeting was suspended at 11.15 a.m.

Mr. Holbrooke (United States of America) took the Chair; the meeting was resumed at 11.30 a.m.

The President: It is my high personal honour to call on my friend of over 20 years, the Administrator of the United Nations Development Programme.

Mr. Malloch Brown (United Nations Development Programme): It was obviously a great honour for us all in the United Nations community that the Vice-President of the United States joined us this morning. Even in his absence, I would like to thank him for having been here in this Chamber on this issue at this time and to have made the new commitments he did make.

We have all heard the statistics and also what can be said in words of the human impact. HIV/AIDS in sub-Saharan Africa accounts for 23.3 million of the 36 million affected individuals worldwide — 69 per cent of the total number of HIV/AIDS cases.

At a time when the industrialized world has relaxed in the face of a declining incidence of new HIV infections, Africa is under siege. Many times more people are being killed by the disease in sub-Saharan Africa each year than in all the world's wars. This is a new security front line and I congratulate Richard Holbrooke for the vision to go beyond old definitions to bring to this table a discussion of the world's most dangerous insurgency.

HIV/AIDS has a qualitatively different impact than a traditional health killer such as malaria. It rips across social structures, targeting a young continent's young people, particularly its girls. By cutting deep into all sectors of society, it undermines vital economic growth, perhaps reducing future national gross domestic product size in the region by a third over the next 20 years. And by putting huge additional demand on already weak, hard-to-access public services, it is setting up the terms of a desperate conflict over inadequate resources.

Today this is Africa's drama; unmet, it becomes the world's. So there is real resonance that, at this first Security Council meeting of the new millennium, it is health — not war and peace — that brings us here. But

it does so because of the proposition that, in this new globalized century, one will beget the other and that, in the final years of the last, we woefully neglected the new causes of conflict.

We must view this as a war on three fronts: first, the classrooms and clinics of Africa; secondly, the families of Africa; and, thirdly, international action — the critical support needed to back Africa's front line.

An extraordinary depletion of the region's human capital is under way. There are estimates that the number of active doctors and teachers in the most affected countries could be reduced by a third in the coming years. Yet schools and clinics are not only at the heart of any defensive strategy for dealing with the consequences of the epidemic; they spearhead the offensive for cultural and behavioural change. We see the possibilities. In Uganda, there is now a real prospect of an almost AIDS-free generation of high-school-age children. Countries are strung out along a continuum from effective action at one end to at least acknowledgement and awareness at the other. Yet, even with better national awareness, in too many places individual ostracism, and hence denial, still prevail, confounding good tracking and management of the disease.

Behaviour change requires uncompromising, often painfully embarrassing honesty, for there is too often a lethal cultural double standard when it comes to AIDS of too much unsafe sex and too little willingness to talk about it or face its consequences. Change must begin by confronting the region's troubled inheritance: extensive migrant labour, social norms and gender inequality, making it hard for women and girls to deny men sex, leading to HIV incidence rates among girls three or four times higher than those for boys.

Let me propose to this Council a set of actions. First, we must support Africa's front-line efforts to combat the disease. We can see that, where promoting awareness leads to honest discussion, which leads to behaviour change, the momentum can be broken. But there is no substitute for the region's own opinion-makers — from state house to community media to town and village — leading that campaign.

Second, we must promote inter-country cooperation so that Uganda's best practice is effectively transferred to countries doing less well, and best practice means a strong national plan and full community mobilization — nothing less.

Third, we need resources. The United States, with 40,000 new cases annually, spends approximately $10 billion annually from all sources for prevention, care, treatment and research, whereas approximately $165 million are spent on HIV/AIDS-related activities in Africa, where there are 4 million new cases a year. We must mobilize more and today's commitment is a wonderful start towards that.

Fourth, we need a coordinated response. I currently chair the committee of the Joint United Nations Programme on HIV/AIDS (UNAIDS) co-sponsoring organizations: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), the World Bank and the United Nations International Drug Control Programme (UNDCP). Together, we, the bilaterals, the private sector and non-governmental organizations must do more at the country and global levels. We applaud the formation of the International Partnership Against HIV/AIDS in Africa, which is a foot in the door to private-sector-supported affordable care.

Fifth, UNICEF, WHO and the World Bank, together with UNAIDS and a number of innovative foundations, have begun to innovate new public-private partnerships that, by guaranteeing a market for affordable vaccines, will incentivize drug-company research and development. The African market for international pharmaceuticals now accounts for less than 1.5 per cent of the global industry. This "pull" of new incentives must be combined with the "push" of increasing basic public-health research spending.

Sixth, we cannot lapse into a global two-tier treatment regime: drugs for the rich; no hope for the poor. While the emphasis must be on prevention, we cannot ignore treatment, despite its costs. We must work with the cooperation of the pharmaceutical industry to bring down treatment costs.

Seventh and finally, we cannot break this epidemic in isolation from the broader development context. Weak government, poor services and economic failure translate directly into failed vaccine and contaminated blood-supply chains. More broadly, it means the failure of schools, families, workplaces and economies to be able to meet the challenge. In this region, where official development finance is drying up, I find myself fighting to reverse

UNDP's own projection that our programme resources for Africa next year will be only a third of what they were five years ago.

So, amidst the good news of more help for HIV/AIDS, progress on debt relief and some improvement in private-sector flows, the overwhelming fact is that the region's basic development needs are not being met. There is a money gap and a governance and capacity gap. Neither the finance nor the institutions and policies are adequately in place.

Members of the Council, at this first Security Council meeting of the century you have brought development into your Chamber. You have elevated it from a long-term economic and social issue to a current danger, a vulnerability to be addressed as a matter of political priority. HIV/AIDS is a particularly cruel manifestation of the wider development challenge. It vividly demonstrates the broader point: no other challenge can perhaps so shape the overall direction of this new century, either towards a globalization for all, or back to a century of walls and fences.

The President: I thank Mark Malloch Brown for the immense contribution which he, like the World Bank under Jim Wolfensohn, makes on this issue.

Before calling on the next speaker, I would like to acknowledge — and I apologize for not doing this earlier — our newest member of the Security Council, who presented his credentials this morning, the new Ambassador from Argentina. Welcome. Also, I want to welcome to the Security Council the five new members — Bangladesh, Jamaica, Mali, Tunisia and Ukraine — and to thank the departing members for their participation. I look forward to working with you all over the next few weeks.

It is now my honour to call on the head of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr. Peter Piot.

Dr. Piot: I thank the Council for this opportunity to address it today on what is, I believe, one of the most important issues for this century. Twenty years ago the global community had not even heard of AIDS. Over 50 million people, cumulatively, have become infected since then. Today it is discussed in the Security Council because AIDS is not a health or development problem like any other. As we have heard, it has become, in Africa at least, an issue of human security in all senses of the word.

Comprehending the full scale of the epidemic is almost impossible. We have heard the Secretary-General talk of 11 million orphans. We would be short-sighted to underestimate the long-term impact of their personal tragedies on the development and stability of Africa.

War is one of the instruments of AIDS, as rape is one of the instruments of war. Conflict and the resulting movements of people fuel the epidemic. Refugee men, and particularly women, become highly vulnerable to HIV infection. Humanitarian aid workers and military and police forces that are well trained in HIV prevention and behaviour change can be a tremendous force for prevention as long as this is made one of their priorities.

But there is also good news, and I would like to concentrate on that this morning. We are far from powerless against this epidemic. In countries where strong political leadership, openness about the issues and broad, cross-cutting responses come together, the tide is turning, and clear success is being demonstrated. We have heard about Uganda, where the rate of new infections is falling. But so it is in several communities in Africa. In Senegal, HIV infections have stayed at a very low level as a result of successful prevention campaigns. We know now what works: two decades of experience have identified the essential elements of effective strategy. Let me mention six of them: first, as Vice President Gore mentioned, visibility, openness and countering stigma, without compromise; secondly, addressing core vulnerability to HIV through social policies; thirdly, recognizing the synergy between prevention and care efforts; fourthly, targeting interventions on those most vulnerable; fifthly, encouraging and supporting strong community participation in the response; and lastly, focusing on young people, the future of the continent.

Over the last 12 months, many, many African leaders have spoken out in unprecedented ways, breaking the silence and the stigma of the epidemic. Internationally, too, the tide is turning. This meeting is an illustration of that. This past June, the General Assembly special session established a new development target for 2005, based on demonstrated success in a number of countries, of reducing new infections by 25 per cent in young people.

Members of the Council, the challenge is formidable but so too are the technical, financial and political resources of the international community. However, in financial needs alone, we are a long way short of meeting

our mark. The most recent available figures, from 1997, indicate that the international community mobilized only $150 million for AIDS prevention for the most affected countries in Africa. This has been put into context by Mark Malloch Brown. To sustain and expand the prevention success stories of Uganda, Senegal and other countries, we need to mobilize between $1 and $3 billion per year. It is worth pondering how hundreds of billions of dollars were successfully mobilized over the last few years to minimize the impact of that other virus, Y2K.

Over the last year, African Governments, the United Nations system, international donors, civil society and the private sector have come together to form a new international partnership against AIDS in Africa. As the Council heard, last month the Secretary-General tasked us in this very building with formulating a response commensurate with the epidemic.

In closing, let me give a few examples of what each constituency of this partnership is committed to do. First, African Governments bring the commitment to create the environment for effective decentralized action and to be aggressive in protecting and promoting human rights so that stigma can be reduced. Jim Wolfensohn and Mark Malloch Brown have already emphasized that in the United Nations system, the epidemic has already brought us together in unprecedented ways.

But there is still much more to be done. We will mobilize additional and reorient existing resources to respond to the epidemic, to demonstrate concerted action in support of Governments and civil society, including such actions as involving people living with HIV in the response and supporting efforts to reduce mother-to-child transmission of HIV.

Thirdly, we expect donor Governments to take concerted action, under nationally developed strategic plans, to mainstream AIDS in setting priorities and to accept the challenge to urgently treble assistance for HIV/AIDS in Africa as a first step for more rational financing of the international response. Several Governments have recently substantially increased these commitments, and with this latest step announced by Vice-President Gore half an hour ago, the United States is the first to have trebled its level of commitment during the last six months.

Fourthly, and as also stressed by Vice-President Gore and Mark Malloch Brown, we agreed that the private sector must become involved in a substantial way to act immediately to strengthen workplace and community outreach interventions and, further, to work in concert with Governments to balance the difficult issues of intellectual property rights with the urgent need to develop and make available life-saving drugs and other commodities.

Finally, the non-governmental organizations, including religious organizations, have a key role to play in intensifying their work at the front line of the epidemic.

Members of the Council, the message that I bring you this morning is therefore one of urgency, but also one of opportunity. The resources are beginning to be mobilized, and the world is responding. But we are now only at the 10 per cent mark. Shifting to 50 and then 75 per cent and upwards must be the commitment of all of us here.

In the response to the epidemic, there are two bottom lines. The bottom line for the future is that we must develop and make available affordable vaccines required for preventing HIV infections. That is the bottom line for the future. However, the bottom line for today is that we must do everything in our power to apply what we know works: reducing vulnerability, preventing HIV infection through behaviour change and supporting wide-scale implementation of efforts to provide care and access to the drugs and services required to prolong and improve life.

At the start of this new century, I believe that there are no development problems that more urgently command a collective response from the international community. This is a global problem. It is not and African problem or an Asian problem, but a global problem. The fact that in the first month of the millennium the Security Council sees fit to discuss AIDS in Africa is surely symbolic. I believe that it signals our collective will to stop this epidemic and our pledge to history that we will not turn our backs and let AIDS devastate another generation of young African women and men.

The President: I thank Dr. Piot for his inspired leadership and his kind remarks concerning the comments of our Vice-President.

We shall now begin the discussion by the members of the Security Council. For those in the audience who do not know the rules, members of the Security Council

will speak first. Then, because of the special nature of this meeting, any other Member of the United Nations that wishes to speak is invited to do so.

With a certain exception, I will ask the members of the Security Council to follow the same rule that was established so successfully last month by Ambassador Greenstock during his presidency of the Security Council, which was essentially a five-minute rule. Speakers should also try to confine themselves to specific remarks. The exception that I would like to make is, of course, for the three Ministers of Health who have come here from such a great distance to share with us their experiences.

I thank the Minister of Health of Namibia for joining us today, and it is now my great honour to give her the floor.

Dr. Amathila (Namibia): The most recent open event in the General Assembly took place on World Aids Day. Men, women and children from all walks of life came to pay tribute to those who have fallen victim to this scourge. Some told their own real-life stories and those of their families, and today, at the first meeting of the Security Council for this millennium, the plight of Africa and its fight against HIV/AIDS is being highlighted.

I am pleased to note that on 13 January, the United Nations High Commissioner for Refugees will address this Council on the inhuman conditions in which millions of refugees and internally displaced persons in Africa are living. She will no doubt talk about, among other issues, the impact of HIV/AIDS on women and girl refugees in particular. The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the head of the United Nations Development Programme (UNDP) and the President of the World Bank have given us a detailed analysis of the impact of HIV/AIDS in Africa. Thus, we view today's high-profile meeting not as an end in itself, but as a very important beginning of the focus on the impact of HIV/AIDS in Africa.

You have participated personally, Mr. President, in no small measure. That is testimony to your personal commitment and that of your Government to the cause of Africa. Your country has made significant national gains in curbing the spread of HIV/AIDS and improving the quality of life of those already infected. We call on your Government to take the lead in mobilizing the pharmaceutical industry to work with African Governments and the World Health Organization for more affordable access by Africa to life-saving and life-enhancing drugs for the treatment of AIDS.

We thank the Secretary-General for his participation. His report on the work of the Organization (A/54/1), submitted to the General Assembly at its fifty-fourth session, was very clear on the impact of HIV/AIDS in Africa and we encourage him to keep up his advocacy.

Anything that is a threat to the social and economic development of Africa is, in turn, a threat to its political stability. As long as the HIV/AIDS pandemic continues to grow, political stability and peace will be affected. Due to the incapacity of Governments to effectively deal with the needs of those affected, the anger and frustration will continue to escalate. The social infrastructure, such as hospitals, cannot cope with the many cases coming in. Although it is known that there are drugs that can prolong and improve the quality of life, African Governments cannot afford them. Therefore, in our view, security needs to be visualized as part of a complex of issues affecting the manner in which we perceive and deal with socio-economic and political problems. It is in this context that we welcome today's meeting.

More than 23 million people — whether the statistics indicate 21 million or 23 million is immaterial; we know that it is a huge number — are infected with HIV/AIDS in Africa today. A continent which is home to only 10 per cent of the world's population probably carries now over 70 per cent of the world's total HIV cases. The impact of the social and economic consequences of HIV/AIDS is being felt through the erosion of growth in gross domestic product, especially in the heavily affected countries. This is affecting the labour force, which in turn negatively affects the breadwinners and their families. As a result, the future of children in general, and HIV/AIDS orphans in particular, is compromised. We do not know whether such children will be able to continue with their schooling, because the breadwinners have died. Usually it is the father who dies first, followed shortly afterwards by the mother, and the children are left in the hands of their grandparents.

Wherever there is a conflict, sexual violence is used as a weapon of war. Refugees, in particular women and girls fleeing from conflict situations, are at risk of being infected with the virus. It is estimated that 250,000 children between the ages of 7 and 18 years actively participate as child soldiers in armed conflict around the world, and many of them are sexually active. Of course

it is not known how many are HIV-positive, but we can assume that a high percentage of them are positive. Let loose in the communities, they perpetrate sexual violence against their captives, thereby further increasing the spread of HIV/AIDS.

While the issue of HIV/AIDS is not under the purview of the Security Council, the primary responsibility of the Security Council in the maintenance of international peace and security will contribute in a major way to minimizing the impact of HIV/AIDS in Africa. By effectively addressing conflict situations in Africa, the Security Council will no doubt assist African Governments in devoting more resources to tackling social and economic problems. In this connection, we urge the arms-producing countries to cease providing arms to rebel movements in Africa. It is very important to bring conflict to an end in Africa so that peace and security can become a reality, giving a chance to the African Governments to pay attention to the priority issues of health and social development.

Let me say a few words about peacekeeping. At the outset, I would like to salute the peacekeepers for the work they have done and are doing, often at the risk of losing their own lives. In this connection, it is important that the training of the military and police forces covers HIV/AIDS prevention and understanding of how to protect themselves. Peacekeepers, military observers and relief workers need to be well briefed on the implications of HIV-risk behaviour, through education on prevention. The means of protection must also be readily available to such people. In the demobilization of ex-combatants, in particular child soldiers, HIV/AIDS prevention issues need to be highlighted. The demobilization of child soldiers should include psychological counselling and HIV prevention.

Let me emphasize that the tragedy of AIDS in southern Africa warrants an emergency response from the international community. HIV/AIDS is a developmental, social and national security issue. African Governments have realized the multidimensional nature of HIV/AIDS and have therefore embarked on a programme of expanded response. This means that HIV/AIDS is everybody's business and no longer just the business of ministries of health and social services. However, those Governments cannot effectively combat HIV/AIDS due to a lack of resources and drugs.

Currently, the resources available for the prevention and treatment of HIV/AIDS are disproportionate to the problem. Estimates have it that out of the $2.5 billion needed in Africa each year, only $165 million is available — I think that Dr. Piot said $150 million, but it does not make that much difference. We therefore call on the international community to make resources available and to subsidize drugs to African Governments.

You will agree with me, Mr. President, that it is immoral that the worst-affected continent has the least access to the care and social and economic safety nets that might help families cope with the impact of this epidemic. Africa today has the least access to HIV drugs, but major access to arms. In countries marred by conflicts, Governments are forced by circumstances to channel their resources to the efforts to bring about peace, rather than to caring for the sick. And so thousands of infected persons die without any hope of the treatment that would prolong their lives.

The political commitment of African Governments to the prevention and treatment of HIV/AIDS is quite visible. However, the lack of resources is a real constraint that needs to be addressed by the international community. Even in Namibia, where we allocate over 15 per cent of gross domestic product to health and social services, we have not made an impact on the treatment of HIV/AIDS. The cost of drugs to us is extremely prohibitive.

I should mention, however, that as far as social mobilization, awareness and advocacy are concerned, we have made significant progress. I remember going to a village in the farthest corner of Namibia, where I met an old man of whom I asked: "Do you know anything about HIV/AIDS?" He said, "Yes, I have heard, and I keep on telling young people that they must use condoms; but, Doctor, I have not seen a condom myself". So I left him a condom, as I am sure he was neglected because of his age. I am sure that since then he has been going around with his condom to show the young men: "This is what I am talking about".

Furthermore, the Namibian Government is in the process of establishing a fund for AIDS orphans and pensioners, which our President launched barely two months ago. This is to assist old people, who invariably have to look after the children of their own dead children. Namibia and South Africa are the only countries I know of in Africa that are giving universal grants to all pensioners, regardless of whether they have worked or not. But that pension is meagre and will not be enough to help old people look after orphans. We have

therefore set up a fund for orphans and pensioners to help in this regard.

African Governments are increasingly urged to invest more resources on HIV/AIDS. But where will these resources come from? Today, half of those infected are children between the ages of 15 and 24. Ninety per cent of those are in Africa, as can be seen from the table. What does this mean for Africa's future? Not many Governments can afford the drugs, and as a result, a difficult choice has to be made between prevention and treatment for those already infected.

I would therefore recommend that World AIDS Day be commemorated in a more high-profile manner, consistent with the seriousness of the problem. For example, we would like to propose that activities on World AIDS Day at the United Nations be focused solely on raising awareness about the pandemic. A lot still remains to be done in raising awareness.

In May this year, UNAIDS will convene a board meeting in Geneva. The International Partnership against AIDS in Africa is currently being formed, and the Partnership will be launched at that board meeting. Let me strongly echo the call made by the Secretary-General to the international community,

> "to formulate a response commensurate with the scale of the crisis, led by African Governments but with civil society, the private sector, the United Nations and donor Governments playing a full role".

Furthermore, drug companies have a moral responsibility in this pandemic. We therefore urge them to sell their drugs at subsidized prices to African Governments so we are not left to allow our people to die. As was correctly mentioned, we can at least prolong the life of a mother to make it possible for her to at least see her children through primary school. We therefore need to get these drugs in Africa.

In conclusion, I would like to emphasize that HIV/AIDS is now the leading cause of death in our countries of southern Africa. Over 50 per cent of hospital beds are occupied by HIV/AIDS patients. Over 60 per cent of paediatric hospital beds are occupied by HIV/AIDS cases. HIV/AIDS in Africa can be prevented, and we have seen the results of our colleagues who started before us. With the provision of drugs, the quality of life of these affected people can be prolonged and enhanced. AIDS has lowered the average life expectancy levels in some of our countries by as much as 10 years.

I would like to share with you a measure we have adopted in the field of prevention, namely the letters A-B-C. A means "Abstinence"; B stands for "Be faithful to one partner" and C means "use Condoms". This is how we are trying to change the behaviour of our communities. Let us hold hands together to fight the pandemic of HIV/AIDS.

Finally, Mr. President, I cannot end without expressing my Government's deep thanks to you for your dedication to this cause. I did not see you when you were in Africa. The timing was bad because we were trying to hold our elections; but I was happy that you were there and I am pleased to meet you here. I want to thank you for this specific and timely initiative you have taken in bringing to the forefront the impact of HIV/AIDS. I hope that this will now be a regular session at the Security Council. Let it not be the first and last time we meet on this issue, but let it be a yearly event so that we may all touch base.

The President: Thank you, Madam Minister, for your important statement, your alphabetical A-B-C suggestion and your interesting suggestion about doing a meeting of this sort at least once a year, which in my national capacity I instantly endorse.

It is my pleasure now to continue. Because we have such a long list of speakers and we will want to break for lunch in the not-too-distant future, I would hope that the non-ministerial representatives here would keep their remarks as short as possible, so that this afternoon we can have some exchanges of view on what we have heard and how we might work together.

Mr. Chowdhury (Bangladesh): As a newly elected member of the Security Council, Bangladesh takes up its responsibility with great humility and a strong sense of commitment and determination.

Bangladesh believes it is very fitting for Vice-President Al Gore of the United States to preside over the first Security Council meeting of the new millennium. His presence here is indicative of the strong commitment of the United States to the United Nations in general and to Africa in particular.

Coincidentally, but very appropriately, for the Security Council the twenty-first century is commencing

with the presidency of the United States. We commend Ambassador Holbrooke for the initiative of devoting this month to Africa. Bangladesh also expresses its deep appreciation to Ambassador Jeremy Greenstock for his leadership of the Council during the United Kingdom presidency last month, and particularly for holding a major debate on Africa. We thank him and other members of the Council for facilitating the new incoming members' presence at the informal consultations during the month of December.

Bangladesh welcomes the initiative to discuss the impact of AIDS on peace and security in Africa. This is a recognition of the broader dimensions of security, a vision that security in a changed world extends beyond its conventional parameters. It is ultimately human security that we are seeking; every individual — wherever he or she may be — should feel safe and secure. We appreciate this opportunity to speak at the first meeting of the Council on this broad-based topic. A global culture of peace, we believe, can ensure such an all-encompassing security of countries and individuals.

AIDS is spreading fast. Its threat is global. It is a threat to an entire generation — indeed, a threat to human civilization as a whole. For much of the developing world, the outlook is grim. For Africa, it is already a catastrophe.

Globally there are already 33 million people infected with HIV. Two-thirds of them are in Africa. Last year the disease killed 2.6 million people around the world, more than in any previous year. Most of these deaths occurred in sub-Saharan Africa. Life expectancy in this region has dropped to a level not seen since the 1960s.

The AIDS pandemic is devastating many African economies. Soaring death rates among the young are crippling the growth of entire regions. Due to the high cost of AIDS treatment, little is accessible to the poor. AIDS leaves poor societies poorer still, and thus even more vulnerable to infection. Experts project a loss of growth of at least 1.4 per cent per year over the next 20 years.

The social impact of AIDS is staggering. Since 1981, over 11 million children have been orphaned, 95 per cent of them in Africa. As Secretary-General Kofi Annan has said, AIDS is taking away not only Africa's present, but also its future.

In many sub-Saharan countries, nearly half of the armed forces are affected. Civilian law enforcement is slumping as AIDS takes its toll on its personnel. This has threatened safety, security and law and order both within and beyond national boundaries. African military and civilian police personnel play a crucial role in peacekeeping. Their vulnerability to infection affects the defence of peace.

We thank Secretary-General Kofi Annan for his statement this morning and for his proactive leadership in combating AIDS in Africa, as manifested at the meeting held at the United Nations Headquarters last month. The United Nations agencies and civil society organizations, as invaluable partners, deserve our appreciation for their positive work in this area. The World Bank's contribution, under the effective guidance of Jim Wolfensohn, is very much recognized. We thank him in particular for his focus on poverty and development in his statement this morning.

Africa itself is leading the counter-attack against AIDS. Its leadership is making a real effort to involve all of society in the battle. Countries like Uganda, Botswana, Lesotho, South Africa, Zimbabwe, Nigeria and Namibia have shown what can be achieved.

The threat of AIDS is not confined only to Africa; it is a threat to the global community. The epidemic was a latecomer to Asia and the Pacific, but its spread has been swift. It is predicted that in the years to come, the number of people affected may grow exponentially.

In combating the scourge of HIV/AIDS, some measures should get priority attention.

First, ongoing efforts need strengthening, with a special emphasis on the young and on children. The target set by the special session of the General Assembly on the five-year review of the International Conference on Population and Development (ICPD) to reduce infection in young people aged 15 to 24 by one quarter before the year 2005 should be foremost in our actions.

Secondly, new and sustained public-private partnerships, such as the "Secure the Future" programmes of southern Africa, with the commitment of $100 million for the next five years from the private sector, need to be forged.

Thirdly, the scientific community should receive full support to speed up its work to develop effective vaccines.

Fourthly, effective treatment should be made available to people at prices that affected societies can afford.

Fifthly and finally — and most importantly — adequate resources should be made available to fight the epidemic, to the development of preventive measures, and to mitigate the harm already done.

In recent years, as we have seen, most conflicts have been within States. These have causes and consequences. There are both military and non-military threats to security, and the collapse of social fabric and of State structures is undeniably a peace and security concern. A desperate situation can lead to desperate acts. As Peter Piot of the Joint United Nations Programme on HIV/AIDS (UNAIDS) has remarked, when it comes to Africa, AIDS has killed more than 10 times as many people as armed conflict. Mark Malloch Brown, in his statement this morning, called it "the world's most dangerous insurgency". To combat this, we need true solidarity and effective strategy, not mere rhetoric.

The world will not be a secure place if its women and men do not have security of the individual self. We are glad that recognition has been accorded to a more encompassing dimension of security. We hope that the pioneering initiative of the United States will be pursued by others in justified earnestness. We look forward to discussing other non-military threats to peace and security, including such overriding global priorities as poverty, environmental degradation, drugs, organized crime and so on. The world has changed, and the time has come to extend the concept of security as well.

The President: I would like to thank Mr. Wolfensohn once again for joining us for the first time in the history of the Security Council and the World Bank. I hope that the Security Council will invite him to join us again. On behalf of the entire Security Council, we thank him for his important statement today and for his contribution to the important effort that we are discussing.

Mr. Dejammet (France) (*spoke in French*): Taking into consideration your repeated appeals for brevity, Mr. President, I shall shorten the usual compliments that it seems to me should be addressed to the Vice-President of the United States and to you for having organized this meeting, as well as to Mr. Wolfensohn, Mr. Malloch Brown and Dr. Piot for participating in our work.

I also believe it is pointless to repeat all the statistics that have already been given this morning and that will probably be reiterated during our debate attesting to the seriousness of the effects of AIDS. We wish simply to thank the United States for having taken the initiative to organize this meeting. What we have already heard clearly demonstrates that the AIDS epidemic, in terms of its social and economic effects, is indeed related to the instability that can afflict African countries and consequently has a direct bearing on security issues dealt with by this Council.

Therefore, I shall not emphasize the statistics, and at the same time I regret that those that have been given or projected on the screen dealt with a limited number of countries. In this regard, I would like to thank Dr. Piot for having corrected or supplemented our information by also mentioning the positive aspects resulting from the efforts of certain countries. He cited Senegal as one such country, and I believe he was perfectly right to do so.

We wish to recall, with regard to the picture sketched for us, that if we are not careful and if we do not indeed follow up the appeal we are addressing to the international community today, a lasting health, economic and political crisis in Africa will win out over the sustainable development strategies that we are trying to promote. Therefore, everything we do here at the United Nations, in other chambers besides that of the Security Council and in other international forums will be reduced to nothing if we do not try to clearly and courageously confront the problems raised by the AIDS epidemic.

But let us devote ourselves to the positive actions that can be taken. We must mobilize our efforts at the economic level, as was mentioned earlier by the Minister of Namibia. I do not wish to dwell on that; I simply wish to recall that we are dealing with a general undertaking that should include appeals for all forms of aid, in particular to official development assistance and indeed for debt relief endeavours. However, I would like to focus on what we can do more specifically and directly to combat AIDS and to recall that in this regard France, which has the honour of being the leading donor of public and private funds to Africa, has been aware since the beginning of the 1980s of the need to render very concrete assistance to the struggle against HIV/AIDS.

Over the last decade, 600 million French francs, or approximately $100 million or more have been mobilized under the French fund alone for aid and cooperation, through 60 projects focused primarily on prevention, safety of transfusions, medical oversight, support for

associations that are active in this area and support for applied research.

Aside from these mostly public efforts, there are also the French contributions to multilateral agencies, the contributions made by our embassies and contributions linked to decentralized cooperation carried out by local, regional and municipal bodies in France. Altogether this amounts to approximately FF 100 million that France allocates annually to the struggle against HIV/AIDS in the developing countries.

However, we are aware that those efforts and the efforts of all donors cannot alone make it possible to cope with the challenge of the epidemic. This is why we support the Joint United Nations Programme on HIV/AIDS (UNAIDS) initiative of the International Partnership against AIDS in Africa, which is designed to strengthen the mobilization of the entire international community and in which France intends to actively participate.

It is also in this spirit that we have hoped to see the establishment of an international fund for therapeutic solidarity, a fund that would receive public and private contributions and that would be designed to promote better access for populations in the developing countries to treatment against AIDS, including anti-retroviruses. Aside from its direct benefits, such an initiative should contribute by giving new hope to populations of the countries of the South stricken by this disease.

We cannot avoid the issue of access for developing countries to treatment and to a future vaccine when 23 million Africans are already infected. AIDS highlights the enormous gap between the rich and the most disadvantaged countries and creates almost unbearable inequalities because of its effects on the most essential right: the right to life.

As was asked by the French Minister of Health, Dr. Kouchner, during the special session of the General Assembly devoted to the follow-up to the Cairo Conference in July 1999, how long will we be able to accept the fact that the treatment is in the North and the patients in the South? This is, in brief, what the Namibian Minister recalled earlier with great conviction, I believe. We cannot focus solely on prevention. Twenty-three million Africans are already infected. We also need to concern ourselves with the issue of treatment, and this is expensive. Hence the interest in this fund for therapeutic solidarity.

To make progress in this area, we need to mobilize funds and to have the courage to recognize that, yes, this will cost money if we do not wish to limit ourselves to prevention, but also to try to provide care and treatment. The pharmaceutical industry must also more systematically be able to propose to the developing countries, to the African countries, modified financial conditions facilitating the provision of guarantees regarding the lack of parallel or consecutive exports to the developed countries. There really are specific initiatives to be taken. In this regard, we believe the United Nations could usefully organize joint action on this question that would bring together manufacturers, the donor countries and the recipient countries. This is one of the specific initiatives that we would like to see as a result of this debate.

This also seems to us to be an opportune time to draw up a master listing, under the aegis of UNAIDS, of all the bilateral and multilateral actions currently being taken in order to ensure the cohesion and geographic and medical-social complementarity of such actions. As Dr. Piot said earlier, we have seen that some countries have avoided the spread of this pandemic. There must have been reasons for this, and we should perhaps look for further cooperation in our bilateral and multilateral actions.

Finally, all of the donors could commit themselves to considering each of the possible actions for cooperation regarding HIV/AIDS and could examine each of these actions to see how to reduce the impact of the epidemic and strengthen prevention and access to care.

In conclusion, I believe that we should emphasize the key role that the Secretary-General can play in this area. Once again, we would like to express our thanks for his presence and participation in this debate, and for having set its tone. The Secretary-General has the political and moral authority to continue to keep our collective awareness on alert in order to maintain the vigilance of each country regarding this subject in order to plot our course and to see to it that we act in conformity with the very generous words that we are hearing today.

Thus, I believe that, thanks to the commitment that the Secretary-General has shown as a moral authority and, I stress, as a political authority — thanks to that commitment and to the efforts that we will be called upon to make today because of his initiative — in this way we might find it possible to drive back this disease and to provide prospects for the genuine sustainable development of the African countries.

The President: Our next speaker is the Ambassador of the Netherlands. However, procedurally speaking, I would like to consult the Council for a minute. Under the rules of the Security Council, Ministers of Security Council members take precedence, and that is why we began with the Vice-President of the United States and the Minister of Namibia. However, under those same rules, Security Council members have the right to speak before Ministers of other countries that are not members.

In the last few minutes, I have received several notes from Permanent Representatives of African countries, pointing out to me that they feel it would be appropriate for us to break into the procedural order and allow the Ministers of Health of Uganda and Zimbabwe to join the meeting and speak prior to the next scheduled speakers, which are the representatives of the Netherlands, Argentina, Canada, Malaysia, the United Kingdom, Tunisia, Ukraine, Mali and Jamaica, and then, under the rules of the Security Council, Uganda and Zimbabwe.

I have an informal proposal that the next group of speakers yield to the two Ministers from Africa, and I would ask — and I know this is a bit unusual, because we normally would adjourn and go into executive session, but we obviously cannot do that — if any of the speakers would be willing to yield so that we could hear the Ministers of Health who have travelled so far at the personal requests of their Presidents. I have spoken to both President Museveni and President Mugabe personally about this, and they each told me how important their Ministers' speeches are. I would ask if Council members would agree to invite the Ministers from Uganda and Zimbabwe to join us at the table and speak out of order.

Would this be acceptable to representatives?

I wish to thank Council Members for their indulgence in this change of procedure.

At the invitation of the President, Dr. Kiyonga (Uganda) and Dr. Stamps (Zimbabwe) took seats at the Council table.

The President: It is now my honour to call on the Minister of Health of Uganda.

Dr. Kiyonga (Uganda): I would like to start by thanking you, Mr. President, for the opportunity to address the Council on this very important subject, HIV/AIDS. In the interest of brevity, I will try as much as possible to summarize my speech.

Since Uganda has been cited as one of the countries that has made some progress, I think it is only fair to members of the Security Council that I give a bird's eye view of the country, as well as the efforts that we have made that have led to some modest changes.

Uganda has a population of about 20 million people, with a growth rate of 2.5 per cent annually. Most of our people live in the rural areas; only about 12 per cent of the population are urban dwellers. Uganda is one of the poorest countries in the world, with a gross domestic product per capita of $300. Although we have made progress over the last 10 years in growth and macroeconomic stabilization, our situation remains very difficult as far as resources are concerned.

The average life expectancy has been drawn down by AIDS, and now stands at about 47 years. The infant mortality rate is still very high at 97, and the maternal mortality rate still stands at 504 per 100,000 live births. Access to health care is generally very poor, and only 50 per cent of our population are within five kilometres' radius from some form of health facility.

The AIDS pandemic hit our country as far back as 1983, and we estimate that about 2 million of our people are HIV/AIDS- positive. Of these, 92 per cent are adults, and 12 per cent are children under 12 years old. The urban populations are much more affected than their rural counterparts. As has been said by other countries, there is a higher prevalence of HIV infection among young females as compared to males. This, coupled with the predominance of heterosexual transmission, has implications for mother-to-child transmission of HIV. It is estimated that with a national seroprevalence of 10 per cent in Uganda, and a mother-to-child transmission rate of 25 per cent, a total of 25,000 children every year are born who are already HIV-infected.

The HIV epidemic in our country has contributed significantly to the re-emergence of tuberculosis, which we had otherwise controlled. About 60 per cent of the tuberculosis patients in the country are HIV-infected. We have also noticed that people who are HIV-positive and tuberculosis-infected tend to respond less satisfactorily to tuberculosis treatment.

HIV/AIDS threatens our security and our development. The country has already lost more than half a million people to this disease over the last 10 years. A large number of children have been orphaned due to HIV/AIDS. These children are now being cared for by

their weak and aged grandparents or fellow children. AIDS is affecting the most active members of the society, including highly skilled people, such as doctors, engineers and administrators. HIV/AIDS therefore threatens to reverse the socio-economic gains made in the country in the recent past.

What has been our response to this pandemic within the country? President Museveni's leadership and the commitment to control the epidemic has provided the platform for a strong coalition of national and international forces to fight HIV/AIDS in Uganda. Accordingly, academic, political, religious and cultural leaders and communities have formed a broad response to this disease.

Sexual AIDS-control programmes have been established in key sectors of government, including the armed forces, the educational sector, the agricultural sector and the ministry responsible for labour affairs. Church and other non-governmental organizations, as well as community-based organizations, have made useful contributions to the fight against HIV/AIDS. By 1994, over 4,000 non-governmental organizations had been registered to provide programmes for HIV/AIDS care, prevention and, often, support. One of the key interventions that we have used has been the high-profile public-health education carried out through radio, television, drama, songs and billboards. It is important to mention at this stage that the people in Uganda living with HIV/AIDS have made significant contributions to this approach by openly declaring their serostatus and advising the rest of the population to avoid the infection.

Under the drug-access programme sponsored by the Joint United Nations Programme on HIV/AIDS (UNAIDS), which began in 1997, only about 1,000 Ugandans have benefited from HIV/AIDS anti-retroviral treatment. This is mainly due to the high cost of drugs. It is estimated that a monthly supply of drugs costs about $12,000 per patient per year. With the estimated 2 million Ugandans infected with HIV, universal access would cost us $24 billion. This is in contrast to our annual budget of $2 billion. Clearly, this is unaffordable to a poor population like Uganda's.

Although some efforts have been made towards support programmes for people living with HIV/AIDS in health-care facilities and in the community, large gaps remain. The ultimate goal of these programmes is to restore hope and to encourage the sick to seek health care.

The political will that I talked about and the openness that has emerged about HIV/AIDS in our country have contributed immensely to Uganda's participation in HIV research efforts. International research collaborations with the best United States and European institutions have helped build research capacity in Uganda. There has emerged a core of well-trained research scientists in epidemiology, behavioural sciences, HIV virology, immunology and molecular biology. These scientists have characterized the epidemiology of HIV and the behavioural risk factors contributing to its spread. As a result of these research efforts, a number of well-designed cohorts have been established and, in addition, every effort is being made to strengthen HIV/AIDS research laboratories within the country.

Recently, research in Uganda has made a promising breakthrough in the search for a drug to prevent mother-to-child transmission of HIV/AIDS. The best United States scientists, working with their colleagues in Uganda, have determined that a drug called Nevirapin has the potential of reducing mother-to-child transmission by a factor of 50 per cent in comparison to AZT. With this efficacy, it is estimated in the case of Uganda that 12,500 babies could be born free of HIV infection. Nevirapin is estimated to cost about $4 per woman for the drug alone, not counting the administration and supply costs. This contrasts sharply with the cost of $150-$200 for treatment of the mother-baby pair with the AZT that is currently being used in the developed world. Use of Nevirapin therefore promises to be the most appropriate and sustainable strategy for the prevention of mother-to-child transmission in resource-poor countries like Uganda.

Uganda, in its efforts to join the rest of the world in search of a solution to this disease, has started to test vaccine candidates. This, again, has been in collaboration with the best scientists in the United States of America. During the course of this meeting, the Council has heard that Uganda has made some breakthroughs and I now take this opportunity to try to cite just three incidences in which we think Uganda has had some success.

The first has been in respect of behaviour change. The Ugandan demographic and health survey of 1995 established that close to universal awareness about HIV/AIDS had been achieved in Uganda. In that respect, we have observed that a large number of our people are now sticking to one partner and also using condoms, which, at the beginning of the pandemic, were considered taboo to talk about in our country. Now, however,

condoms are available everywhere and are being used liberally.

As to our second achievement, we have been able to destigmatize HIV/AIDS. The evidence for this is finding that the people living with HIV/AIDS themselves are standing up and declaring their serostatus, relating their stories and advising fellow citizens to avoid the pitfalls into which they fell. Many people are turning up to be tested so that they can know their seropositivity. As a result of this behavioural change and the destigmatization that we have observed, between 1991 and now we have observed declining prevalences of the disease in our country.

That notwithstanding, we still see huge challenges ahead. First, the epidemic is still very high at a seroprevalence rate of 10 per cent and 2 million people being infected. But clearly, we want to move ahead and deepen the programme. One way is to further deepen behaviour change. We have seen that the long-established cultural norms in some of our ethnic groups do favour transmission of HIV/AIDS and we want to strengthen the programme so that this behavioural change can be enhanced.

We lack resources. We are a poor country. Both the extended-family and government support systems are being overwhelmed by caring for orphans and the people living with AIDS. As the Council has already been told, the cost of providing anti-retroviral drugs is unaffordable in a country like ours and we do hope that the international community can come to our assistance in this respect. We are glad to indicate that Nevirapin is likely to stem the transmission from mothers to children and our country intends, with international assistance, to move very fast to start using this drug on a wide scale. In the final analysis, I must emphasize that what will ultimately stem this pandemic is the finding of an effective and low-cost vaccine against HIV/AIDS. International solidarity on this matter must therefore be called into action.

In conclusion, I want to inform fellow representatives that Uganda's huge HIV/AIDS epidemic threatens national development and may worsen the poverty situation. Affordable measures in the control and prevention of HIV/AIDS have been applied in our country. The high cost of current treatment available in the developed countries cannot be afforded by our country and people. We believe that finding an effective and affordable vaccine offers the only feasible alternative to the drugs. In the meantime, however, we are calling upon the international community to assist us in supporting the orphans and people living with HIV/AIDS.

On behalf of President Museveni and the Government of Uganda, I therefore wish to express our gratitude to Vice-President Al Gore for the support he has announced towards the fight against HIV/AIDS. I also wish to take this opportunity to call upon the rest of the international community, those members of the human race who are better advantaged, to join this solidarity and help the less-advantaged members of the world.

The President: May I note that, while the Minister of Health of Uganda has been here with us in New York, President Clinton's special adviser for AIDS, Sandy Thurman, is in his country today meeting with his colleagues and President. We are therefore most grateful that he is here today.

The next speaker is the Minister of Health and Child Welfare of Zimbabwe. I invite him to make his statement.

Dr. Stamps (Zimbabwe): The world has recently been through a highly expensive and largely uncoordinated exercise to eliminate the risk of some people losing some money, some places losing some data and some people disrupting their busy schedules. To some of us, in the real world, this only induces a sense of wonder that intelligent beings in the metropolitan countries can be so oblivious, so colour-blind, to what has happened in the African continent over the past 15 years.

Some $600 billion is estimated to have been spent on the millennium bug — a largely irrelevant threat, certainly, to us — while the world at large has laconically observed the exponential growth of the HIV epidemic in areas not materially linked to the growth of the international economy.

Now, with respect, ladies and gentlemen, comrades and friends, the proverbial chickens are coming home to roost. Africa may be the world's largest man-made island, as a result of the Suez Canal, but man's insatiable desire to explore and exploit distant and unknown, not to say dangerous, destinations will always overcome any cordon sanitaire, any island mentality or any sane or logical precautions that science, medicine or propriety may prescribe. So it is futile for the global community to turn its back on the ethnic destruction which the current

epidemic is wreaking in my country and my continent. We have become used, even inured, to the verbal abuse to which some of our leaders have been subjected. We have accepted the repeated canard from international agencies that, except for one country, there is no political leadership in Africa on the issue of AIDS. Yet, surprisingly, many of us, my own country included, have achieved the impossible. We have induced our own populations to understand that the exercise of a completely normal, necessary and entirely pleasurable human function can have fatal consequences. I note from the manner in which the Western entertainment industry, so-called, promotes the hedonistic fruits of promiscuity, with no intimation of the potentially fatal results, and the rapid growth of the numbers of young, northern hemisphere women who are becoming HIV-positive, that metropolitan countries have something to learn from us.

In Zimbabwe the rates of sexually transmitted infections for individuals peaked in 1990 and have been going down since then. The rates of new HIV infection peaked in 1995 and have been going down since then. Zimbabwe, nevertheless, is currently experiencing one of the highest prevalence rates of HIV seropositivity in the world, but of course the rate is derived from extrapolation of sentinel surveillance data, and the sites were chosen originally with a view to detecting newly arising infections early. Thus, antenatal populations, STD clinic attenders and hospital in-patients form the main cohorts of our national statistical construct. Whether these rates will change as a result of our national Voluntary Counselling and Testing centres, where healthy people seek to determine their HIV status, is information that is eagerly awaited. Suffice it to say that the small cohort of voluntary blood donors — about 8,000 — has consistently shown very much lower rates of HIV seropositivity, and these rates are progressively declining as well, showing a dramatic reduction in seroconversion rates since 1994 and indicating that positive behaviour change is realistically achievable. Zimbabwe, uniquely in Africa, has screened all donated blood for HIV since September 1985, when the first case was identified in our country.

By the end of 1999, the National AIDS Policy for Zimbabwe had, after three and a half years of wide consultation throughout the country, been completed, and the statute establishing the National AIDS Council, which involves all stakeholders, was approved by Parliament. The fiscus introduced an AIDS levy at the rate of 3 per cent on income tax and corporate tax to provide secure financing for the activities of the Council. A previous attempt to create a cross-sectoral national AIDS council foundered because it depended too heavily on donor support and because of inadequate inputs from the Ministry of Health, as well as having no executive function.

This innovation was launched by our President on World AIDS Day, 1 December 1999, at a day-long convention in the capital, attended by more than 5,000 people. Particularly challenging were the presentations and requests from school-age children developed by the Children's Parliament, which had held its latest session in September.

The challenge now is to deal with the epidemic effectively, consistently and fully. No country, let alone one undergoing extreme financial distraint as a result of flawed macroeconomic policies, adverse terms of trade, an economic reform programme which has left just about every Zimbabwean worse off and a debt service burden consuming more than 38 per cent of the Government budget, interest rates alone being four times the allocation to the total health budget — no country can carry the weight of the health, economic and social effects of the devastation wrought by AIDS in sub-Saharan Africa.

This is why we welcome the concern shown by the Security Council, through its current President, the United States of America, and the opportunity to present not only our statistics, but also a few of our achievements and our proposals, to this highly influential body, confident that our voice will be heard.

We need to examine and correct those obstructions to our provision for this disaster. In Zimbabwe we lose nearly 1,000 people a week to HIV/AIDS; 15 per cent of those are children under five who have contracted it through their parents; 27 per cent of expenditure in our health institutions is in treating, usually unsuccessfully, HIV-related conditions; we have no access to modern therapies; breastfeeding is universally practised, and access to what the Joint United Nations Programme on HIV/AIDS (UNAIDS) calls acceptable alternatives is not feasible for any but a few well-off urban families.

The question we ask is, is this merely lack of understanding or a new form of racial discrimination, another ethnic cleansing process? The rich nations rail extensively against the mistreatment of two journalists in my country, an event we have admitted to be judged in court, and yet we are supposed to accept that withholding available therapies from those who need them is not an offence against human rights, the right to health being one of the paramount, universal rights. The disease

affects everyone — poor, rich; urban, rural; employee, employer, unemployed; educated, ignorant; married, single; young, old; resident, tourist.

As Mary Fisher, a wealthy socialite infected by her husband, succinctly pointed out at the United States of America's Republican National Convention in Houston some years ago, "HIV asks only one thing of those it attacks: 'Are you human?'"

I thank the Council for listening.

The President: Thank you for your appearance here, Mr. Minister. We hope you will remain for the continuing discussion this afternoon.

In view of the lateness of the hour, and with gratitude for the extreme patience of the next speakers on the list, who are the Security Council members — in order, the Netherlands, Argentina, Canada, Malaysia, the United Kingdom, Tunisia, Ukraine, Mali and Jamaica — if they find it acceptable, I propose that we suspend the meeting until 2.30 this afternoon.

The meeting was suspended at 1 p.m.